

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14965

FILED APR 20 1954

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Hudson</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u> 0610			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>P. O. # 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Edwin</u>				a. (First) <u>Perkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>2</u> <u>1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 15, 1866</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>5</u>		11. DAYS <u>17</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work or character of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			
11. BIRTHPLACE (State or foreign country) <u>Kenick, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>Jacob G. Perkins</u>				13b. MOTHER'S MAIDEN NAME <u>Nannie Miles</u>			
14. NAME OF HUSBAND OR WIFE <u>Nellie Perkins</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Thos. Ernest Johnson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wrosepsies</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urinary cystitis ascending</u> DUE TO (c) <u>Prostatic Hypertrophy</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Incontinence &amp; Debilitation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> <u>2 years</u> <u>3 mos</u> <u>3 mos</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>610 X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>1951</u> , to <u>4-2</u> , 1953, that I last saw the deceased alive on <u>4-7</u> , 1953, and that death occurred at <u>5:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. L. Durden, D.O.</u>				23b. ADDRESS <u>Macon</u>			
23c. DATE SIGNED <u>4-3-53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>4-4-53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mr. Labor</u>			
24d. LOCATION (City, town, or county) (State) <u>Lida Township, Macon Co.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Haddley</u>			
DATE REC'D BY LOCAL REG. <u>4/7/53</u>				REGISTRAR'S SIGNATURE <u>Irith McNeely</u>			
ADDRESS <u>Atlanta, Ga.</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4.15.53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4.53.83  
Date Filed 4.15.53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm G. Gaddis

Licensed Embalmer No. 1750

P. O. Address Atlanta Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.